

MULTIPLE DEPENDENT CLAIM
FEE CALCULATOR SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4		2				
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8	1					
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TOTAL IND.	2		↓	↓	↓	↓
TOTAL DEP.	13	←	←	←	←	←
TOTAL CLAIMS	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PTO - 1360 (REV. 11/04)

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